MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 62-012256

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 21

FILED MAR 21 1962

1. PLACE OF DEATH
a. COUNTY: Putnam
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Unionville — Length of stay in Hospital: 3 mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Monroe Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Putnam
c. CITY OR TOWN: Unionville — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): city — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Mary Middle: Ellen Last: Craft
4. DATE OF DEATH: Month: Mar. Day: 12 Year: 62
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7-10-67
9. AGE (last birthday): 94 — IF UNDER 1 YEAR: Months 8 Days 12 — IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): homework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Pete Lunsford
13b. MOTHER'S MAIDEN NAME: Emily Kinley
14. NAME OF HUSBAND OR WIFE: Mike Craft
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Virgil Lunsford — Address: Unionville Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — MEDICAL CERTIFICATION
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis Hypertension — Years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 6-58 to Mar 12-62 and last saw her/him alive on Mar 12 62
Death occurred at 7.00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Chas L Judd DO (Degree or title)
22b. ADDRESS: Unionville MO
22c. DATE SIGNED: 3/13/62

23a. BURIAL, CREMATION, REMOVAL (Specify): B
23b. DATE: 3-14-62
23c. NAME OF CEMETERY OR CREMATORY: Lemens Cem.
23d. LOCATION (City, town, or county) (State): Lemons Mo.
24. FUNERAL DIRECTOR — ADDRESS: F.O.Husted & Son-Unionville, Mo.
25. DATE RECD. BY LOCAL REG.: 3-13-1962
26. REGISTRAR'S SIGNATURE: Marvell Durbin

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0860		
2	0860		
3	2		
4	1		
5	2		
6			
7	0		
8	2		
9	331X		
10			
11			
12	1-2		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Murl E Husted

Licensed Embalmer No. 3304

P. O. Address Unionville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.